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CONFIRMATION NO. 7373

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 07/110,791 | 10/21/1987 | 530 | 1643 | 14014.0025US |
| RULE | | | | |
| APPLICANTS C. RICHTER KING, WASHINGTON, DC; MATTHIAS H. KRAUS, BETHESDA, MD; STUART A. AARONSON, GREAT FALLS, VA; | | | | |
| ** CONTINUING DATA ***** CIP of 06/836,414 03/05/1986 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/1987 | | | | |
| Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and /STEPHEN L Acknowledged RAWLINGS/ Examiner's Signature | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance SR Initials | STATE OR COUNTRY DC | SHEETS DRAWINGS 10 | TOTAL CLAIMS 11 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS NATIONAL INSTITUTE OF HEALTH C/O Ballard Spahr Andrews & Ingersoll, LLP SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309 UNITED STATES | | | | |
| TITLE HUMAN GENE RELATED TO BUT DISTINCT FROM EGF RECEPTOR GENE | | | | |
| FILING FEE RECEIVED 0.00 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |